IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 120107 4749-64-3599 DATE 5-3-04

OWNER OR CONTRACTOR DANNY & DEBBIE ELDRIDGE PHONE: Business (704)883-0262 Home

ADDRESS 403 E. FRONT ST STATESVILLE NC 28677

LOCATION 21N (L) JENNINGS (R) (L) FRIENDSHIP (R) BRADFORD LN 2ND LOT ON (R)

SUBDIVISION BRADFORD ACRES BLOCK / SECTION LOT 8 LOT AREA 1.42 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3 GPD/FT²

Septic Tank: 1000 Gallons; STB 1007 Date 9-14-04
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 540
No Lines 6 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: PUMP CONVENTIONAL
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

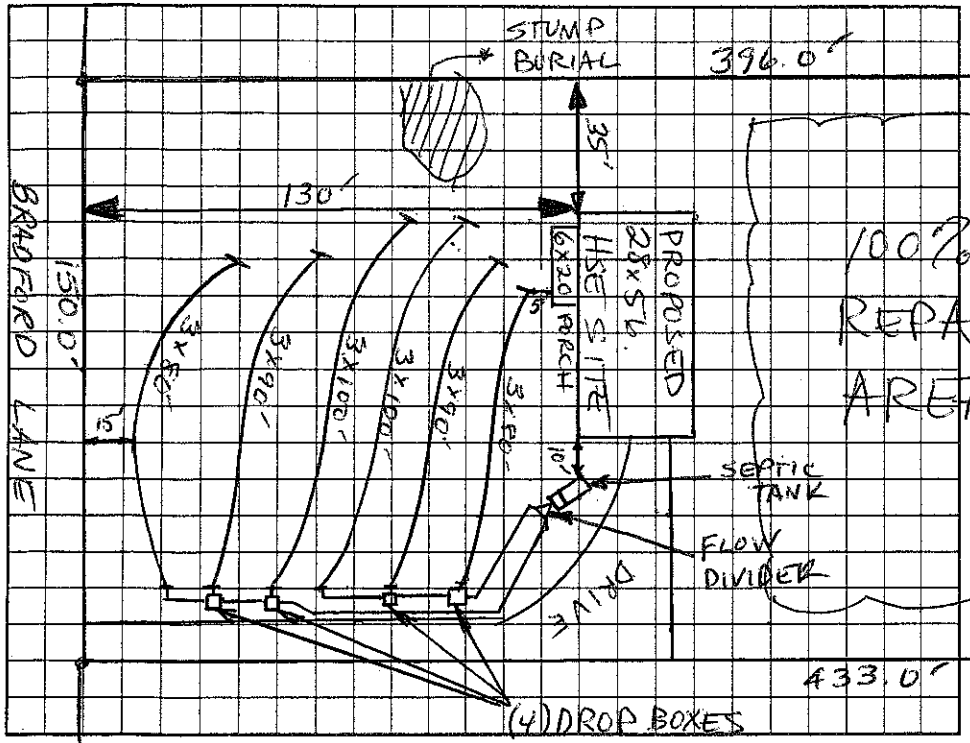
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: (1) INSTALL SYSTEM ON CONTOUR 24"
(2) MAINTAIN SETBACKS

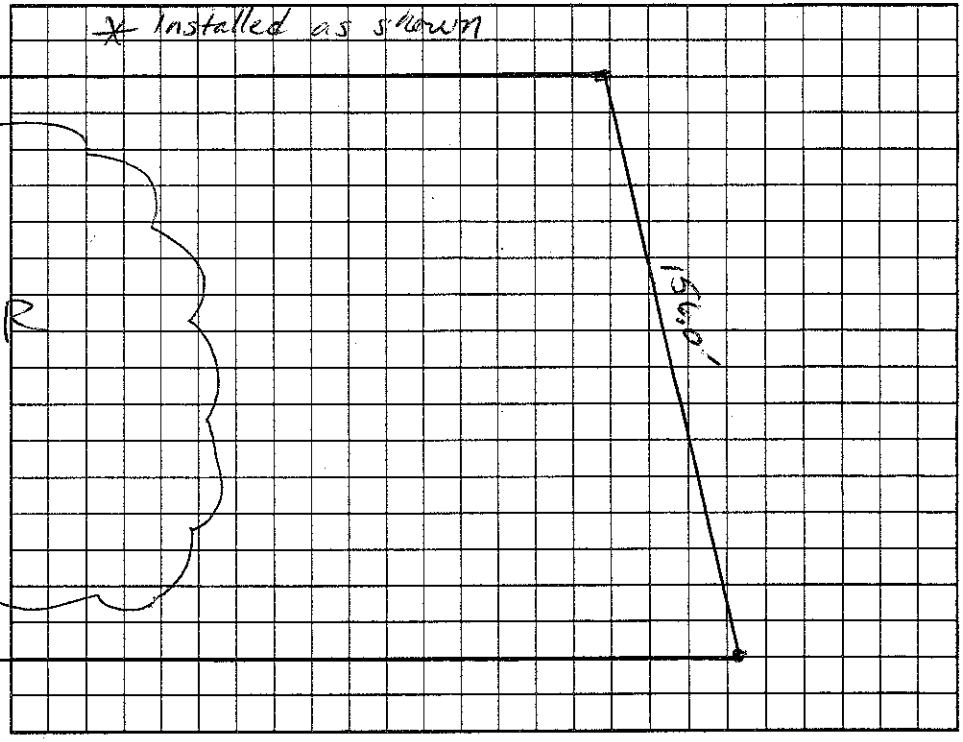
Comments:/Conditions: (1) Label (2) #57 stone (3) 6" RISER
(4) Flow divider level

SCALE 1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Kelly E Pardue date 5-5-04

Improvement Permit by: Christopher M. Shenk, RS date 5-3-04

Authorization to Construct by: Christopher M. Shenk, RS date 5-3-04

Installed by: JAMES HUDLER

Operation Permit by: Christopher M. Shenk, RS date 11-18-04

Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK